and date of death.

requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. | Place of Business, 64

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death

[OVER.]

Bealth Department, City of Baltimore.

Board of Health, City of Baltimone,	2 "
Permit No. 99013 Office of Registrar of Vital Statistics. Ward	Vately 6lled
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurate to the Undertaker or other person superintending the burnal, within teenty-four hours after the death of said decease	ed, or sooner, if
requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.	
CERTIFICATE OF DEATH.	
Date of Death; ( april 6 , 2 x M. 188)	0
Full Name of Deceased, { Write legibly and spell correctly. If an infant not no med, give names of parents.}	h
Sex, Male or Female, Cross out the word not } Terriale	1
Age, 39 Years, Months,	Days,
Color, White	
Married, Single, Widow or Widower, Cross out the word not Married	
Demination V V V	
Birthplace, { State or country, and how } Baltimore Bity,	
Duration of Residence in the City of Baltimore, All Comme	
Place of Death, (Give street and ) 20 19 & Dallings V.	
First (Primary), 16 kronic Albremauria	
Gause of Death. Second (Immediate). Uraniae	
Duration of Last Sickness, 4 Jeans All the above into matter would be furnished by the Physician.	
Place of Burial, heenwy	
Date of Burial, Bellio of 187 June 6 Amous	Le M. D.
Medical Atten	dant.

Place of Business. 12 Maria Address, Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within orty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and late of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physician	s is kespectivity invited to the ke	emarks ociow, and to Lie	st of diseases on dack of t	his Certificate.
Bealth,	Department,	City of	Baltimore.	10
Permit No. 99064	Office of Registra	Del Vital Sta	tistics. Ward	6
requested so to do, under penalty of No Perm	it for Burial can be Obtain	VED WITHOUT A PROPER	R CERTIFICATE.	d, or sooner, it
	TIFICATE	OF DE	EATH.	V
Date of Death, Ap	ml 5th /87			
Full Name of Deceased,	Write legibly and spell correctly. It an Infant not named, give names of parents.	onge Um I	nts	/
Sex, Male or Female, { req			1	
Age, 2	Years,	Months,		Days.
Color,	white		1/	
Married, Single, Widow	or Widower, {Cross out the wor	rds not }	V	
Occupation,				
Birth Place, State or country, a long in the United if of foreign birth.	and how 1 States,		1 /	
Duration of Residence is	n the City of Baltimore	g, dene-	Derth	
Place of Death, Give Street s	and } 940 N	cheppel.	st	
Second	rimary), Tubercule			
Duration of Last Sickner All the above information should be		has only had	Brain houble in	les the
Place of Burial, Ball		three do four a		
Date of Burial, Mar	ich 8 the of	Off L	Medical Attenda	м. Д.
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Undertaker	R. Bandell	10	Medical Attendar	nt.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

	Boar	d of Net	ilth, Gity	of Bultir	pore
Permit No. 99	165	Office of	Registrar of Vita	I Statistics.	9
The Physician who	o attended any person in a or other person superintend	last diness is respon	sible for the presentation	on of this Certificate,	urglety fille
if requested so to do, ur	race politicity of law.	APR -	7 9600000 > 1	1	or soone
	No remit for but	lai san be obtained	Without a Proper Pertif	icate.	T
C	ERTIFI	CATE	OF DE	ATH.	U
Date of Death,	Ap 0	. 1869			
Full Name of D	eceased, { Write legibly as correctly. If ar not named, give of parents.	ind spell finant names	a Thomas	, Keene	
Sex, Male or Fem	ale, Cross out the word not required in this line.	}	••••		
Age,	Years,	1	7 Months,	1	Days
Color,	Bell	<b>,</b>			
Married, Single,	Widow or Widower,	Cross out the word not required in this line.	}	1/	
Occupation,	No	ne,		1/	
Birthplace, State or long in if of for	Country and how the United States, eign birth.	Balto	Mid	V	
Duration of Resid	lence in the City of E	$Baltimore, \dots$	eye		
Place of Death, {G	ive street and   & Z	Couch	land a	L, olde	0
Comme A D A	First, (Primary.)	mere	mou	ie	
Cause of Death,	Second, (Immediate.)		· · · · · · · · · · · · · · · · · · ·		
Duration of Last	Sickness, 3 &	e Physician.			
Place of Burial,	Sharp &	+ Cen	, ,	111.	
Date of Burial,	you you	887 0	to the &	Meura	M.D.
( Undertaker,	Kex/ Kell	Alex		Medical Attendant.	
Place of Busin	ess, 56/ Ori	hardst.	Address, 311 h	charit	
extract from Regulation	s of the Board of Health t	s Secure a Full and (	forrect Record of Vital	Statistics in the City of	Baltimore.

Section 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Place of Business, O

The Special Attention of Physicians is kespectanly invited to the Kemarks below, and to list of diseases on back of this Certificat
Bealth Department, City of Baltimore.
Permit No. 99066 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last filmes, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, is requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH. D
Date of Death, april 6 1887
Full Name of Deceased, { Write legibly and spell or named, give names of parents. Charles Bryan
Sex, Male or Female, {Cross out the word not }
Age, 54 Years, Months, Day
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not } required in this line.}
Occupation, Barber -
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } /4 Barnet st.
Cause of Death, Second (Immediate), Philinis Pulmonalis -
Duration of Last Sickness, Om Juan-
Place of Burial, St. Feller Cen
Date of Burial, Chr 8th 1887)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Urchard Hadress, 832

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Departm	ent, City of Baltimor	e. , "
Permit No. 991167 Office of Rea	istrar of Wilder Statistics. Wa	ard //
The Physician who at ended any person in a last illne to the Undertaker or other person superintending the burk requested so to do, under penalty of law.	es, is responsible to the presentation of this Certificate al, within prenty-form hours after the death of said dec	e. accusately filled out.
	OBMINED WITHOUT A PROPER CERTIFICATE.	01
CERTIFICA	TE OF DEATH.	
Date of Death, april 5 h	1887	,
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names }	Daniel Lynch.	
Sex, Male or Female, {Cross out the word not }		
Age, 28 Years,	Months,	Days.
Age, 28 Years, Color, White		
Married, Single, Widow or Widower, {Cross of require	aut the words not }	
Occupation, Coachua		
Birth Place, {State or country, and how long in the United States, if of foreign birth.	altimore City. V	
Duration of Residence in the City of Bal	Itimore, Lefetime	
Place of Death, Give Street and Joed 178	. 1 %	
Cause of Death, Second (Immediate), New	ionia.	
Second (Immediate), Med	al Exhaustions.	
Duration of Last Sickness, 4 d.  All the above information should be furnished by the Physician.	layo.	
Place of Burial, Wew Cotthed	ral centy	
Date of Burial, Thursday Aply	159 000	1
(Undertaker, Jos F Bynne	6. G Donovan  Medical Att	M. D.
Place of Business, 59 " Sibert	4 Address, 3/1 W. houms	ut et

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Board of Health, City of Baltimore,
Permit No. 9 11 6 8 Office of Registrar of Vital Statistics. Ward 19 11 11 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled
out, to the Undertaker or other person superintending the burial, within twenty-par hours after the death of said deceased, or sconer,
No Permit for Burial can be Outsined without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 7th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, Cross out the word not required in this line.
Age, 59 Years, Months, Duys,
Color,
Married, Single, Widow or Widower, {Cross out the word not }
Occupation, Butcher
Birthplace, {State or country, and how long in the United States, Balkanore Ind.
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, {Give street and }. no 67 6 new 113 old - Columbia Cer
) First, (Primary,)
Cause of Death, Second, (Immediate,) Second of the Bowels
Duration of Last Sickness, Or the United We and
Place of Burial Landon dark Complety
Date of Burial Afril 9th 1887 ( Out the M. D.
(Undertaker, To how Medical Attendant.
Place of Business, 150 bamden 4 Address, In 1332 00 offers A-

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THE Special Assembling of Thysicians is nespectally favor

and date of death.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

WHITIS UGTISHENCE

Days

[OVER.]

<b>Bealth</b>	Department,	City of Balti	more.
Permit No. 99070	Office of Registra	r of Yital Statistics.	Ward // /
The Physician who attended	any person in a last illness, is re-	consider the presentation of this (wented four to or after the death of	Certificate, accurately filled out, f said deceased, or sooner, if
requested so to do, under penalty of No Person	of law.	ED WITHOUT A PROMER CERTIFICA	ATE.
	( <del>- 4</del>	PR 7 1887	
CEF	RTIFICATE	OH DEAT	H.
Date of Death,	April	6 th 1887	
Full Name of Deceased,	(of parents.	dney Fleetwo	od /
Sex, Male, or Female, { re	oss out the word not quired in this line.		
Age, 55			Days.
Color, Color	ed		1
Married, Single, Widow		ds not }	1
Occupation, 20	1.		<b>y</b>
Birth Place, State or country, long in the Unite if of foreign birth	a states,	Known	
Duration of Residence	in the City of Baltimore	, hat Known	
Place of Death, Give Street Number	and } Parke	ave # 826	
Cause of Death, Second	Primary), Loise (Immediate),	ase of the ch	eart
			0
Duration of Last Sickn All the above information should be	e furnished by the Physician.	Death Sudd	en
Place of Burial, St	Peters benning		
Date of Burial,		2681	ianow MD
( Undertaker, Mas	gant Pye	, ,	Medical Attendant.
Place of Business,		ddress,	oroner

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The openin Attention	on of Physicians	18 nespectant inti	fod to the negative	polow, and to in	su vi discases vii dack	of this certificate.
a a second	Health	Departi	nent, Ci	ity of	Baltimor	e.
Permit No. 990	71	Office of R.	egistra of	DEPARTM	tistics. Was	1 /37
The Physician	who attended a	my person in a last il	lness, responsible	for the presenta	the death of said dec	, accurately filled out,
requested so to do, u	ander penalty of	law. Tor Burial can	APP	1 1000		eased, or sooner, in
		*	100	PACORE	OEMIFICATE.	17
	CER	TIFICA	ATE C	F DI	EATH.	
Date of Deat	th. 97	rund !	dea Fin	ham	April 51	1887
			E LL	ed to have	e been deate	Sont & days
Full Name of	$Deceased, \{$	Write legibly and spell correctly. If an Infant not named, give names of parents.	Aman		tame	
Sex, Male or	Female, { Crost required	ss out the word not }		<b></b>		
Age,	50	Years,		Months	j	Days.
Color,	13la	ek				
Married, Singl	le, Widow o	r Widower, {Cro	ss out the words not uired in this line.		/_	
Occupation,		wash		<u>g</u>	Ţ.,	
Birth Place, $\left\{ egin{smallmatrix}  ext{S} \\  ext{id} \\  ext{id} \end{array}  ight.$		od how States,	Eastern	Show	md	
		the City of 1	Baltimore,			
Place of Deat	th, {Give Street as Number.	nd}	King &	Sk #	403	
Cause of Dea	th, { First (Pr	imary),	rtemperan	ae and	exposure	_
Duration of 1		SS,	an.			
Place of Buri	ial, Mesler	- Public &	secuely			
Date of Burio	01	i 6/16	94	101	28.	
( Undertaker,	et	5 13 mm	u\-	W.	J. Opano	м. <b>Д</b> .
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7	1 79	11.61		Medical Atte	ndant.
Place of B	usiness.	callany	Address			

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]